

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036821

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8742

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
a. COUNTY
FILED SEP 17 1962
b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis,**
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Pronounced dead at
Jewish Hospital**
Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY
c. CITY OR TOWN **St. Louis,** Inside Limits
Yes ☐ No ☐
d. STREET ADDRESS **Newstead Hotel** (If outside, give location)
4167 Olive St. Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
William A. Vorce **September 9, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒ 8. DATE OF BIRTH **2/7/1887** 9. AGE (last birthday) **75**
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Dispatcher** 10b. KIND OF BUSINESS OR INDUSTRY **Black & White Cab Co.** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Don't Know** 13b. MOTHER'S MAIDEN NAME **Don't Know** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** 16. SOCIAL SECURITY NO. **W.W. 1** 17. INFORMANT **William A. Vorce Sr.** Address **860 St. Brendan Ln.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Myocardial infarction - old** INTERVAL BETWEEN ONSET AND DEATH **3-4 years**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **?**
DUE TO (c) **422-2**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **none** PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1958** to **9-9-1962** and last saw him alive on **Aug 20-62**
Death occurred at **10 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **K. O. Wilson M.D.** 22b. ADDRESS **125914 KINGSTON HIGHWAY** 22c. DATE SIGNED **9-10-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9/12/62** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Missouri** (State)

24. FUNERAL DIRECTOR **Gebken-Benz Mortuary** ADDRESS **2842 Meramec St.** 25. DATE RECD. BY LOCAL REG. **SEP 10 1962** 26. REGISTRAR'S SIGNATURE **Joan Smith M.D.**

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 18, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.